UNITED STATES DISTRICT COURT

WESTERN DISTRICT OF WASHINGTON, AT SEATTLE

WASHINGTON ALLIANCE FOR HEALTH INSURANCE TRUST FUND, Plaintiff, vs. AABCO BARRICADE CO., INC., a Washington corporation, Defendant.	CAUSE NO.: COMPLAINT FOR BREACH OF CONTRACT

COME NOW Plaintiff, and for its cause of action, allege as follows:

1. Plaintiff Washington Alliance for Health Insurance Trust (WAHIT) is an Multiple Employer Welfare Association created pursuant to §3(40)(A) of the Employee Retirement Income Security Act of 1974 (ERISA), 29 U.S.C. §1002 (40)(A) and brings this action in accordance with ERISA §§502(d)(1) and 502(a)(3).

2. Defendant AABCO Barricade Co., Inc., a Washington corporation (the Employer) is engaged in business within the jurisdiction of this Court.

3. Jurisdiction is conferred on this Court by §§502(a)(3) and 502(e)(2) of ERISA, 29 U.S.C. §§1132(a)(3) and 1132(e)(2).

4. At all times material, the Employer and WAHIT were parties to a Participation Agreement and Trust Agreement(s), material parts of which are set forth in Exhibit A to this

EKMAN, BOHRER & THULIN, P.S.
QUEEN ANNE SQUARE
220 WEST MERCER ST., SUITE 400
SEATTLE, WASHINGTON 98119
TELEPHONE (206) 282-8221
FAX (206) 285-4587

Complaint. The Participation Agreement that the Employer is a party to specifically states that by agreeing to the Participation Agreement, the Employer agrees to be bound by the WAHIT Administrative Guidelines, material parts of which are set forth in Exhibit B.

5. The Employer has failed to abide by the terms and conditions set forth in the Participation Agreement and is and continues to be delinquent in the payment of premiums covering the period of July 2007 in the amount of $2,820.20.

6. Under the terms of the Participation Agreement and Trust Agreement(s) to which the Employer is bound, the Employer is also obligated to pay all costs and expenses incurred, including reasonable attorney's fees.

7. If judgment is entered by default, a reasonable attorney's fee as of the date of this Complaint is $2,000.00.

WHEREFORE, Plaintiff Trust Funds pray for the following relief:

(a) Judgment against AABCO Barricade Co., Inc., a Washington corporation, covering the period July 2007 in the amount $2,820.20;

(b) For all costs and attorney's fees incurred;

(c) Reasonable attorney's fees owing as of the date of this Complaint are $2,000.00; and

(d) Such other relief as the Court deems just and equitable.

DATED this 31st day of March, 2008.

s/David L. Tuttle
WSBA #38728
Ekman, Bohrer & Thulin, P.S.
220 W. Mercer, Ste. 400
Seattle, WA 98119
Telephone: (206) 282-8221
Fax: (206) 285-4587
E-mail: d.tuttle@ekmanbohrer.com
Attorney for Plaintiffs

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WASHINGTON ALLIANCE FOR HEALTHCARE INSURANCE TRUST

JUN 23 2006

MASTER APPLICATION FOR INSURANCE COVERAGE

Company Information

Legal Name of Business: AABCO Barricade Co., Inc. — Requested Effective Date: 7/01/06
dbe (if applicable):
Employer Tax ID (EIN): (9-digit # REQUIRED): 91-1047561 — ☒ Corporation ☐ Partnership ☐ Proprietorship ☐ Other
Type of Business: Sale+rental of Safety Equip. — SIC Code:
Billing Address: 4025-80TH St SW — City: Mukilteo — State: WA — Zip: 98275
Shipping Address: Same as above — City: — State: — Zip:
Company Benefit and/or Billing/Eligibility Contact: David Michaels — Phone: 206-310-6212 — Fax: 425-353-5619 — Email: AABCOM@aol.com

Note: If a Third Party administers billing, and they want the monthly billing, please attach the TPA contact name, address, phone, fax and email o to this application.

TEFRA/ DEFRA: An employer is EXEMPT from TEFRA if the company employed fewer than 20 employees (including part-time) on each working day of 20 or more weeks in the current and preceding calendar year and the employer affirmatively elects to opt out of TEFRA by filing a Medicare Secondary Payer exemption letter

Subject to TEFRA/DEFRA? ☐ Yes ☒ No --IF NO, have you filed or do you intend to file a Medicare Secondary Payer exemption letter? ☐ Yes ☒ No

COBRA: An employer is subject to COBRA during the current calendar year if the company employed 20 or more employees on more than 50% of its typical business days in the preceding calendar year

Subject to COBRA? ☐ Yes ☒ No

Are any employees not covered by State Industrial Insurance? ☐ Yes ☒ No

Mandatory Coverage

Advantage Medical Plans

☐ Alliance * ☐ Choice 1 ☐ Choice 2 ☐ Choice 3 ☐ Choice 4 ☒ Choice 5
☐ Select 1 ☐ Select 2 ☐ Value 1 ☐ Value 2 ☐ HSA Choice 1500 ☐ HSA Choice 2500

If an HSA Plan is selected, what is the employer contribution percentage (0% - 80%) to the HSA Fund? (See Quote Assumptions) ____ %

Vision

■ Base Vision (Automatically included with Medical Coverage) OR ☐ Vision Plus

Basic Life AD&D ($15K minimum)

☒ Option 1 - Flat Amount $15,000 or $_____
☐ Option 2 – 1 x Salary to $_____ max
☐ Option 3 – 1.5 x Salary to $_____ max
☐ Option 4 – 2 x Salary to $_____ max
☐ Option 5 – 2.5 x Salary to $_____ max
☐ Option 6 – 3 x Salary to $_____ max

☐ Renew with current Class-based Life** *NOTE: Options 2–6 are only available to groups with 10+ enrolled employees. Flat $15K will be applied if no other option is selected*

Optional Coverage

Life ☐ Dependent Life ☐ Supplemental Optional Life *(Available ONLY to renewing groups with current Suppl Opt Life)*

Short Term Disability

STD Benefit Maximum: ☐ $200 ☐ $250 ☐ $300 ☐ $400
STD Plan Selection: ☐ Option I - 8-8-13 plan ☐ Option II - 8-8-26 plan ☐ Option III - 8-8-52 plan

Dental: ☐ Dental Base $1000 Max $75 Ded ☐ Dental Select $1000 Max $50 Ded ☐ Dental Plus $2000 Max $25 Ded

Eligibility Requirements

- Minimum 75% Employee Participation of all eligible employees (regardless of coverage elsewhere); 70% Dependent Participation
- Minimum 75% Employer Contribution for Employee Medical / Dental / Vision Coverage
- 100% Employer Contribution requires 100% Participation of all eligible employees and/or dependents regardless of coverage elsewhere
- Only employers with 20+ enrolled employees may class contribution, probationary period and/or hourly requirement. Max of 3 classes allowed.

	Class Description (Must not be discriminatory)	Employer Contrib to Premium: For Employee	For Dependents	Required Hrs /Wk (min-20; max-40)	Probationary Period: 1st of the month following/coinciding with:
Class 1 →	All Employees	75 %	75 %	40 Hrs/Wk	☐ Date of Hire ☐ 1 mon ☐ 2 mos ☐ 3 mos ☐ 4 mos ☐ 5 mos ☒ 6 mos
Class 2 → 20+ EEs Only		%	%	Hrs/Wk	☐ Date of Hire ☐ 1 mon ☐ 2 mos ☐ 3 mos ☐ 4 mos ☐ 5 mos ☐ 6 mos
Class 3 → 20+ EEs Only		%	%	Hrs/Wk	☐ Date of hire ☐ 1 mon ☐ 2 mos ☐ 3 mos ☐ 4 mos ☐ 5 mos ☐ 6 mos

Are any employees excluded from coverage? ☐ Yes ☒ No — If "yes" please specify →

New Groups ONLY - The probationary period above applies to:
☐ Both Current and Future eligible employees
☐ Future eligible employees Only

Signature of Authorized Representative of the Participating Employer: [signature] — Printed Name of Authorized Representative at the Participating Employer: DAVID Michaels — Date: 6-21-06

REVISED 6-22-06

Only available for current Alliance groups at renewal. ** Only available for groups with current classed-based life at renewal. Medical and Dental Plans underwritten by Premera Blue Cross; Life and Disability Plans underwritten by LifeWise Assurance Company; Vision coverage is underwritten by Vision Service Plan, a Washington Corporation.

EXHIBIT A

dropped off by DM 6/21/06

JUN 22 2006

WASHINGTON ALLIANCE FOR HEALTHCARE INSURANCE TRUST

MASTER APPLICATION FOR INSURANCE COVERAGE

Company Information	Legal Name of Business: AABCO Barricade Co., Inc.						
	dba (if applicable):			Requested Effective Date:	7/01/06		
Employer Tax ID *(EIN)*: *(9-digit # REQUIRED)*	91-1047561	☒ Corporation	☐ Partnership	☐ Proprietorship	☐ Other		
Type of Business:	Sale+rental of Safety Equip.	SIC Code:					
Billing Address:	4025-80TH St SW	City:	Mukilteo	State:	WA	Zip:	98275
Shipping Address:	Same as above	City:		State:		Zip:	
Company Benefit and/or Billing/Eligibility Contact:	David Michaels	Phone:	206-363-6212	Fax:	425-353-5619	Email:	AABCOM@aol.com

Note: If a Third Party administers billing, and they want the monthly billing, please attach the TPA contact name, address, phone, fax and email o to this application.

TEFRA/ DEFRA: An employer is EXEMPT from TEFRA if the company employed fewer than 20 employees (including part-time) on each working day of 20 or more weeks in the current and preceding calendar year and the employer affirmatively elects to opt out of TEFRA by filing a Medicare Secondary Payer exemption letter

Subject to TEFRA/DEFRA? ☐ Yes ☒ No --IF NO, have you filed or do you intend to file a Medicare Secondary Payer exemption letter? ☐ Yes ☒ No

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Advantage Medical Plans	☐ Alliance *	☐ Choice 1	☐ Choice 2	☐ Choice 3	☐ Choice 4	☒ Choice 5
	☐ Select 1	☐ Select 2	☐ Value 1	☐ Value 2	☐ HSA Choice 1500	☐ HSA Choice 2500
	If an HSA Plan is selected, what is the employer contribution percentage (0% - 80%) to the HSA Fund? (See Quote Assumptions)					%
Vision	■ Base Vision (Automatically Included with Medical Coverage)			OR ☐ Vision Plus		
Basic Life AD&D ($15K minimum)	☒ **Option 1** - Flat Amount $15,000 or $_____			☐ **Option 2** – 1 x Salary to $_____max		
	☐ **Option 3** – 1.5 x Salary to $_____max			☐ **Option 4** – 2 x Salary to $_____max		
	☐ **Option 5** – 2.5 x Salary to $_____max			☐ **Option 6** – 3 x Salary to $_____max		
	☐ Renew with current Class-based Life**			***NOTE: Options 2–6 are only available to groups with 10+ enrolled employees. Flat $15K will be applied if no other option is selected***		

Optional Coverage

Life	☐ Dependent Life	☐ Supplemental Optional Life *(Available ONLY to renewing groups with current SupplOpt Life)*				
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- **Minimum 75% Employer Contribution for Employee Medical / Dental / Vision Coverage**
- **100% Employer Contribution requires 100% participation of all eligible employees and/or dependents regardless of coverage elsewhere**
- **Only employers with 20+ enrolled employees may class contribution, probationary period and/or hourly requirement. Max of 3 classes allowed.**

	Class Description (Must not be discriminatory)	Employer Contrib to Premium: For Employee	For Dependents	Required Hrs /Wk (min-20; max-40)	Probationary Period: 1st of the month following/coinciding with:
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Class 2 → 20+ EEs Only		%	%	Hrs/Wk	☐ Date of Hire ☐ 1 mon ☐ 2 mos ☐ 3 mos ☐ 4 mos ☐ 5 mos ☐ 6 mos
Class 3 → 20+ EEs Only		%	%	Hrs/Wk	☐ Date of hire ☐ 1 mon ☐ 2 mos ☐ 3 mos ☐ 4 mos ☐ 5 mos ☐ 6 mos
Are any employees excluded from coverage?		☐ Yes ☒ No	If "yes" please specify →		**New Groups ONLY** - The probationary period above applies to: ☐ Both Current and Future eligible employees ☐ Future eligible employees Only

Signature of Authorized Representative at the Participating Employer	Printed Name of Authorized Representative at the Participating Employer	Date:
[signature]	DAVID Michaels	6-21-06

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JUN 22 2006
MERCER HEALTH & BENEFITS WAHIT-EBS

Only available for current Alliance groups at renewal. ** Only available for groups with current classed-based life at renewal. Medical and Dental Plans underwritten by Premera Blue Cross; Life and Disability Plans underwritten by LifeWise Assurance Company; Vision coverage is underwritten by Vision Service Plan, a Washington Corporation.

I. Adoption of Trust Agreement and Appointment of Trustee

JUN 23 2006

As a condition for participation in the Washington Alliance for Healthcare Insurance Trust, the undersigned Employer does hereby adopt the Trust Agreement governing the Washington Alliance for Healthcare Insurance Trust and agrees to abide by its terms and the terms and conditions of any benefit program provided through the Trust, and designates and appoints the Trustee serving thereunder, and any successor Trustee duly appointed under the terms of the Trust Agreement.

II. Understanding of the Terms of Selection and Participation

The undersigned Employer understands that any change to the selections made on the Master Application for Insurance Coverage shall occur only at the renewal date and are subject to approval by WAHIT.

The undersigned Employer acknowledges the receipt of the *Group Administrative Guide* and agrees at all times to adhere to the established rules and procedures of WAHIT as set forth in the *Group Administrative Guide* including but not limited to the terms, conditions and limitations described in the initial Quote Assumptions, Employer Eligibility Guidelines, Employee Eligibility and Enrollment Guidelines, Billing and Administrative Guidelines, and other applicable administrative guidelines.

The undersigned Employer acknowledges and agrees that full payment of premium to WAHIT is due on the first day of the month for which coverage is purchased, that any payment of premium received by WAHIT after the 10th day of the month is late and WAHIT will impose late charges and interest in the amount established in the *Group Administrative Guide*, and further that any premium received by WAHIT more than 30 days after the due date will be returned to the undersigned Employer and the Employer's group life and health insurance coverage under WAHIT will be terminated as of the last day of the last month for which full payment was timely received.

The undersigned Employer agrees to adhere to the terms, conditions and limitations of coverage as set forth in the health service contracts, insurance policies, service contracts, benefit booklets and certificates of insurance issued by each of the respective carriers that are contracted with WAHIT. The undersigned Employer agrees to distribute benefit booklets and certificates of insurance to plan participants and beneficiaries in a timely manner. The undersigned Employer, as an ERISA plan sponsor, is responsible for distributing a summary plan description for each employee welfare plan it sponsors to plan participants and beneficiaries.

The undersigned Employer acknowledges and agrees that once its application has been approved and accepted by WAHIT, any request to rescind its application must be made in writing and must be received by WAHIT not later than the close of business on the last business day at least 48 hours before the effective date of coverage under WAHIT. If a proper request to rescind is not received timely, WAHIT will not refund any premiums or deposits and the coverage will be in effect as approved and accepted by WAHIT.

III. Broker/Agent Designation

A business applying for insurance coverage through the Washington Alliance for Healthcare Insurance Trust may appoint their own sub-brokers/sub-agents to represent them in arranging insurance coverage, as noted below. This agreement will serve as notice of cancellation of any previous broker/agent agreement. This new appointment will remain effective until written notice is given by either party of a change. No changes may be made retroactively.

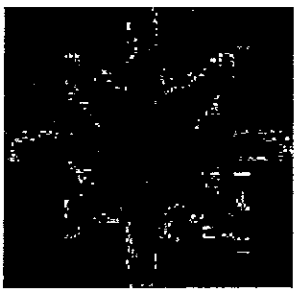
I hereby appoint the below named broker/agent as my firm's broker/agent of record.

Producer Name: Derek Moore	Producer Signature:	
Name of Brokerage/Agency: Market Street Benefits		
Street Address: 5484 Shilshole Ave NW		
City: Seattle	State: WA	Zip: 98107
Phone: (206) 784-1600	Fax Number: (206) 784-6479	

Signature indicates agreement with the provisions set forth in I and II above and the designation in III above.

Name of Participating Employer: ABCO Barricade Co, Inc	Signature of Participating Employer Representative:
Date: 6-21-06	Title of Participating Employer Representative: Owner

Received
JUN 22 2006
MERCER HEALTH & BENEFITS WAHIT-EBS



Washington Alliance for Healthcare Insurance Trust
Group Administrative Guide

EXHIBIT
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- A covered employee acquires dependent child(ren) through legal guardianship after the employee's effective date. The employee must submit a complete and signed application (including documentation of legal guardianship) and required premium to BSI for the child(ren) within 60 days of the date the legal guardianship began. Coverage becomes effective the first of the month following the date of the legal guardianship. If the employee does not submit the application and payment to BSI within the 60-day deadline, the employee must wait until the next Open Enrollment period to enroll the dependent(s). Documentation of legal guardianship must be a legal document filed with a court, or a state or federal agency.

  * While an enrollment application is not required for natural newborn child(ren) or adoptive child(ren) placed with the subscriber when premium being paid already includes coverage for dependent children, it is advisable to submit this application to BSI in order to have dependent name and identification documented prior to claims being incurred. Additional information may be requested if necessary to establish eligibility of the dependent child.

  ** For an eligible dependent to be enrolled under this group plan, the employee must enroll and carry the dependent. WAHIT does not have a mechanism to carry dependents alone except as applicable under COBRA.

- A child or child(ren) of the employee is(are) enrolled under Qualified Medical Child Support Orders or National Medical Support Orders (QMSCOs) after the employee's effective date. BSI, the Administrative Office, will notify both the employee and alternate recipient of receipt of the Order and forward an enrollment form. When the completed application is received within 60 days of the medical child support order, coverage for an otherwise eligible child will become effective on the date of the order. Otherwise, coverage will become effective on the first of the month following the date the application is received. Charges will begin from the child's effective date.

Please refer to the appropriate benefit booklet, Premera Blue Cross or LifeWise Health Plan of Washington, for complete details of Special Enrollment. All *Special Enrollment* situations need to be coordinated with the billing administrator, BSI.

COVERAGE TERMINATION

Coverage will end without notice, except as specified under "Extended Benefits" of the plan, on the last day of the month for which premiums have been paid and in which ONE (1) of the following events occur:

- For the employee and dependents when ANY of the following occur
  - the contract between the Trust and the insurance carrier is terminated
  - the next monthly premium is not paid when due or within the grace period
  - the employee dies or is otherwise no longer eligible as an employee (for example, the employee's employment terminates)
  - the participating employer ceases to meet the Trust's continued participation requirements
  - the participating employer notifies the Trust that it no longer wishes to participate in the Trust. Such notice must be received prior to the next premium due date, otherwise the participating employer will be charged for an additional month's premium

Please Note: WAHIT has no provision for "rehires." If an employee's coverage ends due to termination of employment, and the employee then returns to work under the same employer, that employee is regarded as a new hire and subject to the same terms of eligibility including probationary period. The same would be true of an employee who is no longer part of the eligible class due to a reduction in hours and then resumes the required hours.

If the employee exercises his or her self-pay rights as described below, and has no break in coverage because continuation of coverage was elected and premium was continued to be paid, a new probationary period would not be required.

- For a spouse, when his or her marriage to the employee is annulled, or when he or she becomes legally separated or divorced from the employee.
- For a domestic partner when his or her domestic partnership relationship with the subscriber is ended. (See Appendix).
- For a child when he or she no longer meets the requirements for dependent coverage.

It is the responsibility of the employee to notify the participating employer when an enrolled dependent is no longer eligible to be covered as a dependent under the Trust's program. The participating employer must then notify the billing administrator, BSI, within 30 days of the date the participating employer was notified of such event.

BILLING AND ADMINISTRATIVE GUIDELINES

COMPLETING ENROLLMENT FORMS

Enrollment forms may be downloaded from www.wahit.com or ordered from Benefit Solutions, Inc. (BSI). When the employee completes the enrollment form, a copy should be forwarded to BSI as soon as possible. An additional copy should be retained for the employer's file. Every eligible employee must complete an enrollment form. No coverage is effective unless BSI has received the employee's signed enrollment form and the premium payments are current. It is advisable for groups to forward new enrollment forms to BSI at least 20 days prior to the effective date of coverage so that the enrollee can be entered on the next BSI premium billing. Bills are sent by First Class mail by the 15th of each month. If you do not receive your billing, or if you would like a copy of the current billing, please call BSI Customer Service. To avoid claim processing delays, it is important to forward the enrollment forms and premium payments to BSI at least 20 days prior to the effective date of coverage. Otherwise, the insurance I.D. card may not reach the employee by his or her effective date. Usually, it takes from two to three weeks from the time BSI receives the enrollment forms and premium payments for I.D. Cards to be prepared and mailed to the employee's home by the appropriate medical carrier, Premera Blue Cross or LifeWise Health Plan of Washington.

Newly eligible employees should fully complete and sign the form during the initial enrollment period, during open enrollment, or during a special enrollment period as described in the previous section. The employee enrollment forms should be returned to the employer as soon as possible. The employer should review the forms to make certain they are complete before forwarding them to BSI. If any of the enrollment information is missing, then BSI may be unable to input the data into its computer system and forward critical eligibility information to each of the respective service contractors or insurance companies. Eligibility will not be forwarded to the carriers or service contractors unless the application is signed by the employee.

PROCESSING BILLING STATEMENTS AND PREMIUM PAYMENTS

Premium to WAHIT is due on the first day of the month for that month's eligibility. These premiums are considered late if not received by BSI by the 10th day of the month for which premium is due. Late premiums will incur a late charge as described in the next paragraph. Benefit claims are not paid unless BSI notifies the insurance carriers that the premiums are paid in full for each eligible person in the group. All premium checks should be made payable to WAHIT and mailed to BSI along with the Billing Statement and any new Enrollment Forms not previously sent to BSI. Premiums must be remitted with one company check from the participating employer. It is recommended the employer locator number be shown on the check. This is especially helpful if the employer is operating under a dba (doing business as) name.

Please Note: Premium payments sent by faxed check must be accompanied by a separate check made out to BSI in the amount of $15 for this service or premium payment cannot be processed.

GROUP TERMINATION

If a group wishes to terminate their coverage under WAHIT, written notification must be received prior to the requested date of termination. If notification is not received in advance, retro termination may not be allowed.

LATE PREMIUM CHARGES/TERMINATION FOR NON-PAYMENT OF PREMIUM

If the employer's premium is received by BSI after the 10th day of the month for which premiums are due, WAHIT will impose a late charge in the amount of the greater of $20.00 or 1.5% of the unpaid balance per month. Participating employers that become more than 30 days late in payment of their premium will be terminated for non-payment of premium. Coverage will end the last day of the month for which premium was paid. Premium payments received by WAHIT more than 30 days after the due date will be returned if the employer's eligibility information has already been terminated in the BSI system.

If an employer's participation in the Trust is terminated for non-payment of premium, the employer must wait six (6) months before his designated agent or broker may request a new quote for insurance coverage through WAHIT. Normally a non-sufficient funds (NFS) check is considered non-payment of premium. However, please refer to the following rules regarding non-sufficient funds and replacement checks.

RETURN CHECK POLICY

WAHIT charges fees for returned checks and requiring specific check replacements as follows:

- NON-SUFFICIENT FUNDS (NSF)
  - Checks returned due to non-sufficient funds: $50.00 fee per check, per return.
  - Replacements must be made by Cashier's Check within ten (10) business days.
  - If a replacement is made within the time allowed, there will be no adjustment in the group's eligibility.

BILLING AND ADMINISTRATIVE GUIDELINES

- ACCOUNT CLOSED
  - Checks returned due to the account being closed: $50.00 fee per check, per return.
  - Replacements must be made by Cashier's Check within ten (10) business days with proof that the business is active, such as the most recent payroll taxes paid to the State.
  - If a replacement is made within time allowed with proof of continuing viability, there will be no adjustment in the group's eligibility.
- PAYMENT STOPPED
  - Checks returned due to payment stopped: $50.00 fee per check, per return, unless the Administrative Office has been notified and the check has been replaced prior to the notice being received from the bank.
  - If a replacement is made within time allowed, there will be no adjustment in the group's eligibility
  - If a group submits two (2) checks that are returned for any reason within a six (6) month period, they will be required to make premium payments by Cashier's Check for six (6) consecutive months. Timely payment by Cashier's Check assures continuing eligibility.
  - If a group submits three (3) or more checks that are returned for any reason, the group may be cancelled by the Trust and must wait six (6) months before their designated agent or broker may request a new quote for insurance coverage. Eligibility will be adjusted back to the group's prior paid through date and may affect claims.

Employers are cautioned that: (1) If an employer withholds monies from an employee's pay for the purpose of contributing to the payment of premiums and the employer does not promptly make those payments, the employer may be in violation of ERISA and subject to penalties; AND (2) The timeliness of payments may affect COBRA participants' eligibility since COBRA is only available when a COBRA eligible company remains in good standing with the Trust. If this applies to your group, your legal counsel can advise you.

BILLING FORM INSTRUCTIONS

- Every billing report will be at least two (2) pages.
- The first page will be a reconciliation page. It will list the previous month's amount billed; any payments that were made in the past month, and any billing adjustments applied including late premium charges.
- The following page(s) will list the current month's billing detail. Subscribers will be listed in alphabetical order. Premiums due are listed in the appropriate column (i.e. medical, dental, vision, life, etc).
- There is a total for each subscriber on the right hand side of the bill. The column heading "Elections" describes the coverage level being billed.
- Coverages are totaled at the bottom of each column.

1=Employee Only	2=Employee & Spouse	3=Employee, Spouse & Children	4=Employee & Child(ren)
M=Medical	D=Dental	V=Vision	

- If there are no employee or dependent changes, please pay the pre-printed Billing Total listed.
- If deleting an employee, draw a line through that employee's name and enter the appropriate employment status code and the date the status becomes effective. The Employment Status legend is located above the far right column. You should subtract the deleted employee's premium from the bill (subtract that amount in adjustments column at the bottom of the bill). You will see the deleted employee's eligibility and premium adjustments shown on the next month's billing report.
- If adding an employee, write the name and social security number on the billing form with the appropriate status code and the date the status becomes effective. You may add the new employee's elections and premiums in the proper columns and add that amount to the adjustment totals at the bottom of the bill. You will see the added employees' eligibility and premium adjustments on the next month's billing.
  Please Note: BSI must also receive a completed and signed enrollment application to add an employee or dependent. An enrollment application is not required for natural newborn child(ren) or adoptive child(ren) placed with the subscriber when premium being paid already includes coverage for dependent children, BUT additional information may be requested if necessary to establish eligibility of the dependent child.
- If changing the dependent status of employee, BSI must have an attached enrollment application or have previously received an enrollment application in order to make the appropriate change. The eligibility and premium adjustments will be shown on the next month's billing.
- Add all the Adjustments and enter into *Total Employer Adjustments*, add or subtract this amount from the above listed *Billing Total*. Enter this amount into the *Total Remittance* box
- Please make checks payable to WAHIT for the Total Remittance amount (no cash please). Mail your single, company check with the original billing statement to the address shown on your statement
- The Trust monthly billing form is the required method of tracking employee information and eligibility.

BILLING AND ADMINISTRATIVE GUIDELINES

REPORTING ELIGIBILITY CHANGES

It is the participating employer's responsibility to report eligibility changes to BSI in a timely manner. A written or emailed request from the employer for terminations provides an audit trail of the specific instructions that BSI must follow on the employer's behalf. Employers should not report eligibility changes over the phone.

A retroactive termination, addition, or other change may not be acceptable to the Trust unless there is sufficient documentation to justify such actions. Such requests will be reviewed by the Trust, and even if the Trust deems them to be justifiable, generally, premium refunds will not be credited retroactive more than two (2) months. Therefore it is important that group administrators reconcile their premium billings every month and immediately notify BSI to resolve any issues. Late enrollment applications may result in postponement of coverage until the next open or special enrollment period as described in Section 3.

THIRD PARTY BILLING

If an employer chooses to use a third party billing entity to communicate transactions on their behalf to the Trust Administrative Office, Benefit Solutions, Inc., the employer is ultimately responsible for the timeliness and accuracy of these transactions including payments. Employers should be aware that a retroactive adjustment may not be allowed and late payments may incur interest or late fees. The employer should provide the third party billing entity with a copy of the *Group Administrative Guide* and emphasize to them the importance of all rules set forth by the Trust being adhered to.

ORDERING SUPPLIES

A Supply Order Form that you can mail or fax to BSI is included in the Appendix to this guide. Forms are available online at www.wahit.com or by email requests to Shipping@bsiltpa.com with "*WAHIT*" in the subject line. Please be certain to provide the group name and locator number.

REQUESTING PROGRAM CHANGES

The participating employer certifies in the Trust's *Master Application for Insurance Coverage* the terms and conditions for which coverage has been approved by the Trust. If the participating employer wishes to make any changes to their benefit program (i.e. changing contributions, eligibility definitions, employment classifications, plans or other changes), it may only be done at the annual renewal, and the Trust must approve such changes before they will become effective. These requested changes may have an impact on your group's premium rates. The Trust recommends discussing the proposed change with your appointed agent or broker prior to requesting a change.